HC-1 State Form

Indiana Department of Revenue Hazardous Chemical Fee Change Form

(R 1/03)

This form is to be used when the fee paid to the Indiana Department of Revenue is different than what is listed on the HC-500. Failure to provide this information could result in penalty and interest charges.



The Indiana Department of Revenue cannot process any form that does not contain a Federal Identification Number or a Social Security Number and a signature of the company owner or responsible officer.

Owner's Name (Not a leaseholder or contract buyer)			Federal Identification Number			
Owner's Physical Address (Not a PO Box)			Social Security Number			
City		tate	te		Zip Code	
	Ov	wner's Inv	oice Number	7		
As of December 31st of the in a quantity above the Three hazardous chemical substance. This fee is not prorated and	eshold Planning Ques were stored in a	antity (TP quantity of	Q) or 500 pounds, w f 10,000 pounds or abo	hichever	is less, or a facility where	
Facility I.D. Number	Ownership Date		Category		Date Closed/Sold	
Under penalty of perjury, I hand to the best of my knowle			_ ·	'	g schedules and statements	
Owner's Signature:				Date:		
Print or Type Name:	Title:	Title:				
Telephone Number:						

Instructions for Completing the HC-1 Hazardous Chemical Fee Change Form

Who should file this form?

The legal owner of the facility as of December 31st of the previous year should file this form. Anyone who owned a facility that stored hazardous chemical substances in a quantity above the Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less, or a facility where hazardous chemical substances were stored in a quantity of 10,000 pounds or above, is responsible for the yearly fee. This fee is not prorated and payment must be sent in with Form HC-500.

Owner's Name

Enter the name of the individual or company who legally owns the facility, not a leaseholder or contract buyer.

Owner's Physical Address

The legal owner of a facility must enter the owner's physical address. (Not a P.O. Box)

Federal Identification Number (FID) / Social Security Number (SSN)

The Indiana Department of Revenue cannot process any form that does not contain a valid FID or SSN.

Owner's Invoice Number

The Indiana Department of Revenue assigns this number to each owner who files an HC-500.

Facility Identification Number

Enter the facility number that was assigned by the Indiana Department of Environmental Management (IDEM).

Date of Ownership

Enter the date you assumed legal ownership of the facility.

Category

Enter the letter for the appropriate category. Only one category will apply to a facility:

- (A) Any single hazardous chemical substance over 1,000,000 pounds
- (B) Any single hazardous chemical substance under 1,000,000 pounds
- (C) Underground storage tanks only
- -or-
- (E) Exempt

Date Closed/Sold

Enter the date the facility closed or the date the current owner assumed legal possession of the facility. If you sold a facility prior to December 31st of the previous year, please complete the HC-2 Hazardous Chemical Change of Ownership form and submit it with Form HC-500.

Signature, Date, Title and Telephone Number

The Indiana Department of Revenue cannot process any form that does not contain a signature of the company's owner or responsible officer.

Please submit this completed form with Form HC-500 and mail to:

Indiana Department of Revenue Environmental Tax Section 100 N. Senate Avenue Indianapolis, IN 46204